

EXECUTIVE LOBBYING EXPENDITURE REPORT
FORM 507

446
Executive Lobbyist Registration No.

- ☐ COVERING JANUARY 1 - JUNE 30, _____ - DUE AUGUST 15
☒ COVERING JANUARY 1 - DECEMBER 31, 2008 - DUE FEBRUARY 15

Mail to: the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808
OR
Fax to: (225)763-8787 or (225)763-8780

FOR OFFICE USE ONLY
Postmark Date: 2/16/09
ER2 / 2-15

3072565

1. Name M^r Mahon Jennifer E.
Last First MI
2. Business Address: 2450 Severn Ave. Ste. 210, Metairie, La.
Street and No. City State Zip 70001
Mailing Address Same as above

3. Business Phone 504-837-1171
Area Code and Telephone Number

4. Total of all executive lobbying expenditures made January 1 through June 30: \$ 0
(Include expenditures from Schedules A and B)
5. Total of all executive lobbying expenditures made July 1 through December 31: \$ 0
(When Applicable) (Include expenditures from Schedules A and B)
6. Total of all executive lobbying expenditures made during calendar year: \$ 0
(Line 4 added to Line 5 should equal Line 6)

7. Did you make an expenditure exceeding \$50 on one occasion for an executive branch official:

From January 1 through June 30? Yes ☐ No ☒
From July 1 through December 31? Yes ☐ No ☒ NA ☐

If the answer to either question in Number 7 above is YES, complete Schedule A and attach.

8. Did you make expenditures exceeding the sum of \$250 for an executive branch official:

From January 1 through June 30? Yes ☐ No ☒
From July 1 through December 31? Yes ☐ No ☒ NA ☐

If the answer to either question in Number 8 above is YES, complete Schedule A and attach.

9. Did you expend funds for any reception, social gathering, or other function to which more than twenty-five executive branch officials were invited during this reporting period?

Yes ☐ No ☒

If the answer to Number 9 above is YES, complete Schedule B and attach.

Missing numbered pages
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on them.

HAND DELIVERED

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10. PROVIDE BELOW (a) the name of the executive branch department as listed in the executive branch schedule; (b) the aggregate total of all expenditures attributable to the department made during the January 1 - June 30 reporting period; (c) the aggregate total of all expenditures attributable to the department made during the July 1 - December 31 reporting period when applicable; (d) the aggregate total of all expenditures made in a calendar year attributable to the department.

- 1) a. Name of Department: n/a
b. Total of all expenditures made January 1 through June 30: \$ n/a
c. Total of all expenditures made July 1 through December 31: \$ n/a
(When applicable)
d. Total of all expenditures made during the calendar year: \$ n/a
- 2) a. Name of Department: n/a
b. Total of all expenditures made January 1 through June 30: \$ n/a
c. Total of all expenditures made July 1 through December 31: \$ n/a
(When applicable)
d. Total of all expenditures made during the calendar year: \$ n/a
- 3) a. Name of Department: n/a
b. Total of all expenditures made January 1 through June 30: \$ n/a
c. Total of all expenditures made July 1 through December 31: \$ n/a
(When applicable)
d. Total of all expenditures made during the calendar year: \$ n/a

11. PROVIDE BELOW (a) the name of the executive branch department and the individual agency as listed in the executive branch schedule; (b) the aggregate total of all expenditures attributable to the agency made during the January 1 - June 30 reporting period; (c) the aggregate total of all expenditures attributable to the agency made during the July 1 - December 31 reporting period when applicable; (d) the aggregate total of all expenditures made in a calendar year attributable to the agency.

- 1) a. Name of Department and Individual Agency: n/a
b. Total of all expenditures made January 1 through June 30: \$ n/a
c. Total of all expenditures made July 1 through December 31: \$ n/a
(When applicable)
d. Total of all expenditures made during the calendar year: \$ n/a

- 2) a. Name of Department and Individual Agency: n/a
- b. Total of all expenditures made January 1 through June 30: \$ n/a
- c. Total of all expenditures made July 1 through December 31: \$ n/a
(When applicable)
- d. Total of all expenditures made during the calendar year: \$ n/a
- 3) a. Name of Department and Individual Agency: n/a
- b. Total of all expenditures made January 1 through June 30: \$ n/a
- c. Total of all expenditures made July 1 through December 31: \$ n/a
(When applicable)
- d. Total of all expenditures made during the calendar year: \$ n/a

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; that all reportable expenditures have been included herein; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.

Janice E. McVick
Signature of Lobbyist